

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

RADIANSE, INC.,

V.

SUMMONS IN A CIVIL CASE

TWIN CITY FIRE INSURANCE COMPANY,

CASE NUMBER: 1:10-CV-10120-RGS

TO: (Name and address of Defendant)

Twin City Fire Insurance Company
c/o Corporation Service Company
251 E. Ohio Street, Suite 500
Indianapolis, IN 46304

YOU ARE HEREBY SUMMONED and required to serve on

Jack R. Pirozzolo
Foley Hoag LLP
Seaport World Trade Center West
155 Seaport Boulevard
Boston, MA 02210-2600

an answer to the complaint which is served on you with this summons, within 21 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON

CLERK

/s/ - Mary Cummings

(By) DEPUTY CLERK



ISSUED ON 2010-01-27 11:27:25.0, Clerk
USDC DMA

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RETURN OF SERVICE

Service of the Summons and complaint was made by me (I)	DATE 01/27/10
NAME OF SERVER (PRINT) Catherine C. Deneke	TITLE Attorney

Check one box below to indicate appropriate method of service

 Served personally upon the defendant. Place where served: _____

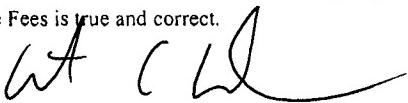
Left copies thereof at the defendant's dwelling house or usual place of bode with a person of suitable age and discretion then residing therein.

 Name of person with whom the summons and complaint were left: _____ Returned unexecuted: _____ Other (specify): Sent summons and complaint via certified mail on 1/27/10.
Received by agent on 2/1/10.**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL
		\$ 0.00

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 03/01/10
Date

Foley Hoag LLP
155 Seaport Blvd, Boston, MA 02210
Address of Server

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <i>Chris Saylor</i> B. Date of Delivery _____</p> <p>C. Signature <i>Chris Saylor</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>CIRCLE CITY STATION</i> <i>FEB - 1 2010</i></p>	
<p>1. Article Addressed to:</p> <p><i>Corporation Service Company 251 E. Ohio St., Ste 500 Indianapolis, IN 46204</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt-for-Merchandise <input type="checkbox"/> Insured Mail <i>1500000</i></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p><i>6548</i></p>			

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Foley Hoag LLP
Seaport World Trade Ctr. West
155 Seaport Blvd.
Boston, MA 02110-2600
Attn: Catherine Deneke



**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
*281435
C-Wenelle*

Postage	\$
Certified Fee	
<input type="checkbox"/> Return Receipt Fee (Endorsement Required)	
<input type="checkbox"/> Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Jan 17 1999

Name (Please Print Clearly) (to be completed by mailed)
Corporate File Service Co.

Street, Apt. No., or PO Box No.
351 E. Ohio St, Ste 500

City, State ZIP+4
Indianapolis, IN 46204

PS Form 3800, July 1999 See Reverse for Instructions